

E Ho'olokahi I Ke Ola Mau

GOVERNOR'S BIENNIAL PACIFIC RIM SAFETY AND HEALTH CONFERENCE

May 10, 11 and 12, 2006

Name _____

Company _____

Mailing address _____

City / State / Zip code _____

Phone _____

Business _____

Fax _____

E-mail address _____

Special accommodations: See general information

Please Register me in: (check one)

___ Early registration (before 3/29/06) **\$295**

___ Late registration (after 3/29/06) **\$350**

___ *Group discount: 5 or more (attach individual forms) @ **\$275** each

** For group registrations, all five names must be shown on the registration forms.*

"TBA" notations will delay payment processing.

Form of Payment:

___ Check made payable to the University of Hawaii

___ Purchase order (must accompany registration form)

___ I hereby authorize the University of Hawaii the use of my credit card account
for this conference registration:

___ Visa ___ Mastercard

Credit Card # _____

Expiration Date (mo/yr) _____

Signature _____

Mail to: Governor's Biennial Pac Rim Safety & Health Conference
c/o University of Hawaii Conference Center
2530 Dole Street, #C403, Honolulu, Hawaii 96822
Fax #: 808.956.3364

#C08101